FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| FO | RM | D |
|----|----|---|
|----|----|---|

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 1438              | 506          |
|-------------------|--------------|
| OMB API           | PROVAL       |
| OMB Number:       | 3235-0076    |
| Expires:          | May 31, 2005 |
| Estimated average | burden       |

hours per response ......1

| SEC U  | SE ONLY  |
|--------|----------|
| Prefix | Serial   |
|        | 1        |
| DATE I | RECEIVED |
| ŀ      |          |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Deer Park 1031 DST   |   |
|--|---|
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule  | 506 Section 4(6) ULOE   |
| Type of Filing: New Filing Amendment   |   |
| A. BASIC IDENTIFICATION DATA   |   |
| Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |   |
| Deer Park 1031 DST   |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Nui.  |
| 2901 Butterfield Road, Oak Brook, Illinois 60523   | (630) 218-4916  |
| Address of Principal Business Operations (Number and Street, City, State, Zip PROCE (if different from Executive Offices)  | Selection of Number (Including Area Code)   |
| (il direction from Executive Offices)  | SEG MAII Proceeding   |
| Brief Description of Business SEP 0 4  | 2008 Wall Processing Section  |
| The acquisition and sale of interests in real property.  |   |
| THOMSON  | REUTERS MIG 25 7000   |
| Type of Business Organization  Corporation  I limited partnership, already formed  |   |
| ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed   | ✓ other (please specify):     Delaware statutory trust∰on liberties Be                                      |
| Month Year   | Detartate Statutory dustry, Kill Hotellate, 195   |
| Actual or Estimated Date of Incorporation or Organization:    O   1   0   8  | ☑ Actual ☐ Estimated  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada: FN for other foreign jurisdiction)  | or State: DE  |
| GENERAL INSTRUCTIONS   |   |
| Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation U.S.C. 77d(6).  | ulation D or Section 4(6), 17 CFR 230.501 et seq. or  |
| When to File: A notice must be filed no later than 15 days after the first sale of securities in the offe Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the after the date on which it is due, on the date it was mailed by United States registered or certified materials.  | e address given below or, if received at that address   |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.O.   | C. 20549  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be must be photocopies of the manually signed copy or bear typed or printed signatures.  | nanually signed. Any copies not manually signed   |
| Information Required: A new filing must contain all information requested. Amendments need only changes thereto, the information requested in Part C, and any material changes from the information Appendix need not be filed with the SEC.   | y report the name of the issuer and offering, any previously supplied in Parts A and B. Part E and the      |
| Filing Fee: There is no federal filing fee.  |   |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) if ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed. | e Securities Administrator in each state where sales<br>for the exemption, a fee in the proper amount shall |
| ATTENTION—   |   |

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ General and/or □ Promoter ☐ Beneficial Owner ■ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Inland Real Estate Exchange Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 2901 Butterfield Road, Oak Brook, Illinois 60523 ☐ Director Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ General and/or Managing Partner Full Name (Last name first, if individual) Deer Park Exchange, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 2901 Butterfield Road, Oak Brook, Illinois 60523 Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Deer Park 1031, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 2901 Butterfield Road, Oak Brook, Illinois 60523 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Director General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Director General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner ■ Executive Officer Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|          |                           | <del>.</del> |                            |              |               | <del></del>                             |                            |   |                |               |             |             |
|----------|---------------------------|--------------|----------------------------|--------------|---------------|---|----------------------------|---|----------------|---------------|-------------|-------------|
|          |                           |              |                            | В            | . INFORM      | ATION AB                                | OUT OFFE                   | ERING                                   | <del> </del>   |               |             |             |
|          |                           |              |                            |              |               |   |                            |   |                |               | Yes         | No          |
| 1. Has   | the issuer                | sold, or do  | es the issue               | er intend to | sell, to no   | n-accredite                             | d investors                | in this offe                            | ering?         | •••••         | . 📮         | $\boxtimes$ |
|          |                           |              | 4                          | Answer als   | o in Appen    | dix, Colun                              | nn 2, if filin             | ig under Ul                             | LOE.           |               |             |             |
| 0. 337   |                           |              |                            | - 4: 111 fs  |               |   | ::                         |   |                |               | <b>c</b>    | 100 000*    |
| 2. Wh    | at is the mi              | nimum inv    | estment th                 | at will be a | iccepted fro  | om any ind                              | ividuai?                   | ••••••                                  | ************** |               | . 3         | 100,000*    |
|          |                           |              |                            | •            |               |   |                            |   |                |               | Yes         | No          |
| 3. Doe   | s the offeri              | ng permit    | joint owne                 | rship of a s | ingle unit?   | *************************************** |                            |   |                |               | . 🔯         |             |
|          |                           |              |                            |              |               |   | l be paid or<br>connection |   |                | lirectly, any |             |             |
| offe     | ring. If a p              | erson to b   | e listed is a              | n associate  | ed person o   | r agent of a                            | a broker or                | dealer regi:                            | stered with    | the SEC       |             |             |
|          |                           |              |                            |              |               |   | nore than f                |   |                |               |             |             |
|          |                           |              |                            |              | ou may se     | t forth the                             | nformation                 | for that br                             | oker or dea    | iler only.    |             | -           |
|          | ame (Last n<br>her, Peter |              | if individua               | al)          |               |   |                            |   |                |               |             |             |
| Busine   | ss or Resid               | ence Addr    | ess (Numbe                 | er and Stre  | et, City, St  | ate, Zip Co                             | de)                        |   |                |               |             |             |
| 29       | 01 Butterf                | ield Road    | l, Oak Bro                 | ok, Illino   | is 60523      |   |                            | _                                       |                |               |             |             |
| Name o   | of Associat               | ed Broker    | or Dealer                  |              |               |   |                            |   |                |               |             |             |
| Inv      | estacorp                  |              |                            |              |               |   |                            |   | <del></del>    |               | -           |             |
|          |                           |              | d Has Soli<br>eck individ  |              |               |   |                            | *************************************** |                |               | 🛮 A         | Il States   |
| [AL]     | [AK]                      | [AZ]         | [AR]                       | [CA]         | [CO]          | [CT]                                    | [DE]                       | [DC]                                    | [FL]           | [GA]          | [HI]        | [ID]        |
|          | [IN]                      | [IA]         | [KS]                       | [KY]         | [LA]          | [ME]                                    | [MD]                       | [MA]                                    | [MI]           | [MN]          | [MS]        | [MO]        |
| (MT)     | [NE]                      | [NV]         | [NH]                       | [NJ]         | [NM]          | [NY]                                    | [NC]                       | [ND]                                    | [OH]           | [OK]          | [OR]        | [PA]        |
| [RI]     | [SC]                      | [SD]         | [TN]                       | [TX]         | [UT]          | [VT]                                    | [VA]                       | [WA]                                    | [WV]           | [WI]          | [WY]        | [PR]        |
|          | -                         |              | f individua                | 1)           |               |   |                            |   |                |               |             |             |
|          | ok, Rande                 |              | 21 1                       |              |               |   |                            |   |                |               |             |             |
|          |                           |              | ess (Numbe<br>, Greeley,   |              |               | ite, Zip Co                             | de)                        |   |                |               |             |             |
| Name o   | of Associate              | d Broker     | or Dealer                  | ·            |               |   |                            |   |                |               | <del></del> |             |
|          | L Financial               |              |                            |              |               |   |                            |   |                |               |             |             |
| States i | n Which Pe                | rson Liste   | d Has Solid                | cited or Int | ends to Sol   | icit Purcha                             | sers                       |   |                | <del></del>   | <u>.</u>    |             |
| (Ch      | eck "Ali St               | ates" or ch  | eck individ                | lual States) |               |   |                            | ••••••                                  |                |               | 🔲 Al        | ll States   |
| [AL]     | [AK]                      | [AZ]         | [AR]                       | [CA]         | [ <u>CO</u> ] | [CT]                                    | [DE]                       | [DC]                                    | [FL]           | [GA]          | [HI]        | [ID]        |
| [IL]     | [IN]                      | [IA]         | [KS]                       | [KY]         | [LA]          | [ME]                                    | [MD]                       | [MA]                                    | [MI]           | [MN]          | [MS]        | [MO]        |
| [MT]     | [NE]                      | [NV]         | [NH]                       | [NJ]         | [NM]          | [NY]                                    | [NC]                       | [ND]                                    | [OH]           | [OK]          | [OR]        | [PA]        |
| [RI]     | [SC]                      | [SD]         | [TN]                       | [TX]         | (UT)          | [VT]                                    | [VA]                       | [WA]                                    | [WV]           | [WI]          | [WY]        | [PR]        |
|          | me (Last na               |              | f individua                | 1)           |               |   |                            |   |                |               | ·           | •           |
|          |                           |              | ss (Numbe                  | r and Stree  | t City Sta    | te. Zin Coo                             | đe)                        |   |                |               |             |             |
|          |                           |              | vay, Ste. 3                |              |               | _                                       |                            | _                                       |                |               |             |             |
| Name o   | f Associate               | d Broker o   | or Dealer                  |              | <del></del>   |   |                            |   |                |               | _           |             |
| Om       | ni Brokera                | ge           |                            |              |               | <u></u>                                 | ·                          |   |                |               |             |             |
|          |                           |              | d Has Solic<br>eck individ |              |               |   |                            |   |                |               | 🔲 Al        | ll States   |
| (AL)     | [AK]                      | [AZ]         | [AR]                       | [CA]         | [CO]          | [CT]                                    | [DE]                       | [DC]                                    | [FL]           | [GA]          | [HI]        | [ID]        |
| [IL]     | [N]                       | [IA]         | [KS]                       | [KY]         | [LA]          | [ME]                                    | [MD]                       | [MA]                                    | [MI]           | [MN]          | [MS]        | [MO]        |
| [MT]     | [NE]                      | [NV]         | [NH]                       |              | [NM]          | [NY]                                    | [NC]                       | [ND]                                    | [OH]           | [OK]          | [OR]        | [PA]        |
| [RI]     | [SC]                      | [SD]         | [TN]                       | [TX]         | [UT]          | [VT]                                    | [VA]                       | [WA]                                    | [WV]           | [WI]          | [WY]        | [PR]        |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

|                    |  |  |   | 8   | . INFORM                                  | IATION AE                                 | BOUT OFFI                              | ERING                                       |  |                       |               |                       |
|--------------------|--|--|---|---|---|---|--|---|--|-----------------------|---------------|-----------------------|
| 1. Ha              | s the issuer   | sold, or do                                  |   |   |   |   |  |   | _  |                       | Yes           | No<br>M               |
|                    |  |  |   |   | • • •                                     | •   | ŕ                                      | ng under U                                  |  |                       |               |                       |
| 2. Wł              | at is the mi   | inimum inv                                   | estment th                                  | at will be a                              | accepted fro                              | om any ind                                | ividual?                               |   |  | ****************      | . <u>\$</u>   | 100,000*              |
|                    |  |  |   |   |   |   |  |   |  |                       | Yes           | No                    |
|                    |  | - •  | -   | -   | -   |   |  |   |  |                       | . 🛛           |                       |
| cor<br>offe<br>and | ter the information of the control o | r similar re<br>person to b<br>state or stat | muneratior<br>e listed is a<br>es, list the | for solicit<br>in associate<br>name of th | ation of pu<br>ed person o<br>e broker or | rchasers in<br>r agent of a<br>dealer. If | connection<br>broker or<br>more than f | n with sales<br>dealer regi<br>live (5) per | of securiti<br>stered with<br>sons to be l | the SEC<br>listed are |               |                       |
|                    | ame (Last r<br>ohn, Mark   |  | if individu                                 | al)                                       |   |   |  |   |  | <del>-</del>          | -             |                       |
|                    | ss or Resid  |  | ess (Numb                                   | er and Stre                               | et, City, St                              | ate, Zip Co                               | de)                                    |   |  | <u>-</u>              | <del></del>   |                       |
|                    | 7 N. El C  |  | -   |   | -   | -   | <u>,</u>                               |   |  |                       |               |                       |
|                    | of Associat<br>L Financia  |  | or Dealer                                   |   |   |   |  |   |  |                       |               |                       |
|                    | in Which P<br>neck "All S  |  |   |   |   |   |  |   |  |                       | 🗀 A           | All States            |
| [AL]               | [AK]   | [AZ]   | [AR]  | $[\overline{CA}]$                         | [CO]                                      | [CT]                                      | [DE]                                   | [DC]  | [FL]                                       | [GA]                  | (HI)          | [ID]                  |
| (IL)               | [IN]   | [IA]   | [KS]  | [KY]                                      | [LA]                                      | [ME]                                      | [MD]                                   | [MA]  | [MI]                                       | [MN]                  | [MS]          | [MO]                  |
| [MT]<br>[RI]       | [NE]<br>[SC]   | (NV)<br>[SD]                                 | [NH]<br>[TN]                                | [NЛ]<br>[TX]                              | [NM]<br>[UT]                              | [NY]<br>[VT]                              | [NC]<br>[VA]                           | [ND]<br>[WA]                                | [OH]<br>[WV]                               | [OK]<br>[WI]          | [OR]<br>[WY]  | [PA]<br>[PR]          |
|                    | ame (Last n  |  | f individua                                 | ıl)                                       |   |   | · · · · ·                              | ······································      |  |                       |               |                       |
| Busine             | ss or Resid<br>861 Camir   | ence Addre                                   |   |   | _   | ite, Zip Co                               | de)                                    |   |  |                       |               |                       |
| Name               | of Associate<br>L Financial  | ed Broker (                                  |   | · · · · · · · · · · · · · · · · · · ·     |   |   |  |   |  |                       |               |                       |
|                    | in Which Po  |  |   |   |   | icit Purcha                               | sers                                   |   |  |                       |               | Il States             |
| [AL]               | [AK]   | [AZ]   | [AR]  | (CA)                                      | [CO]                                      | [CT]                                      | [DE]                                   | [DC]  | [FL]                                       | [GA]                  | [HI]          | [ID]                  |
| [IL]               | [IN]   | [IA]   | [KS]  | [KY]                                      | [LA]                                      | [ME]                                      | [MD]                                   | [MA]  | [MI]                                       | [MN]                  | [MS]          | [MO]                  |
| [MT]<br>[RI]       | [NE]<br>[SC]   | [NV]<br>[SD]                                 | [NH]<br>[TN]                                | [NJ]<br>[TX]                              | [NM]<br>[UT]                              | [NY]<br>[VT]                              | [NC]<br>[VA]                           | (ND)<br>[WA]                                | (OH)<br>(WV)                               | [OK]<br>[WI]          | (OR]<br>[WY]  | [PA]<br>[PR]          |
| Full Na            | me (Last n   | ame first, i                                 |   |   |   |   |  |   |  |                       |               |                       |
| Busine             | ss or Reside<br>Brilliant A  | ence Addre                                   |   |   | -   | te, Zip Coo                               | ie)                                    |   |  |                       | <del></del> · |                       |
|                    | of Associate<br>P Securities   |  | r Dealer                                    |   |   |   |  |   |  |                       |               |                       |
|                    | n Which Pe<br>eck "All St  |  |   |   |   |   |  |   |  |                       | 🗆 A           | II States             |
| [AL]               | [AK]   | [AZ]   | [AR]  | [CA]                                      | [CO]                                      | [CT]                                      | [DE]                                   | [DC]  | [FL]                                       | [GA]                  | [HI]          | [ID]                  |
| [IL]               | [IN]   | [IA]   | [KS]  | [KY]                                      | [LA]                                      | [ME]                                      | [MD]                                   | [MA]  | [M]  | [MN]                  | [MS]          | [MO]                  |
| [MT]<br>[RI]       | [NE]<br>[SC]   | [NV]<br>[SD]                                 | [NH]<br>[TN]                                | [NJ]<br>[TX]                              | [NM]<br>[UT]                              | [NY]<br>[VT]                              | [NC]<br>[VA]                           | [ND]<br>[WA]                                | [OH]<br>[WV]                               | [OK]<br>[WI]          | [OR]<br>[WY]  | ( <u>PA</u> )<br>(PR) |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

|   |  |              |              |              | INFORM       | IATION AT    | OUT OFF       | PDINC        |               |   |              | <del></del>     |
|---|--|--------------|--------------|--------------|--------------|--------------|---------------|--------------|---------------|---|--------------|-----------------|
|   | <del></del>                                  | ·            |              | В            | . INFORM     | ATION AL     | BOUT OFFI     | ERING        |               | <del></del>                             |              |                 |
|   |  |              |              |              |              |              |               |              |               |   | Yes          | No              |
| l. Has  | s the issuer                                 | sold, or do  |              |              |              |              |               |              | =             | *************************************** | 🗆            | ⊠               |
|   |  |              |              | Answer als   | o in Apper   | idix, Colur  | nn 2, if fili | ng under U   | LOE.          |   |              |                 |
| 2. Wh   | at is the mi                                 | inimum inv   | estment th   | at will be a | eccepted fro | om any ind   | ividual?      |              |               | •••••                                   | <b>\$</b>    | 100,000*        |
|   |  |              |              |              |              |              |               |              |               |   | V            | Nt.             |
| 3 Do  | es the offer                                 | ing nermit   | ioint owne   | rshin of a s | ingle unit?  |              |               |              |               |   | Yes<br>⊠     | No<br>□         |
|   |  |              |              |              |              |              |               |              |               |   | . 2          |                 |
| con   | er the infor<br>nmission or<br>cring. If a p | r similar re | muneration   | for solicit  | ation of pu  | rchasers in  | connection    | with sales   | of securiti   |   |              |                 |
| and   | or with a sociated pers                      | tate or stat | es, list the | name of the  | e broker or  | dealer. If   | more than f   | ive (5) per  | sons to be l  | isted are                               |              |                 |
| Full N  | ame (Last r                                  | ame first,   | if individu  | al)          |              |              |               |              |               |   |              |                 |
| Ba  | ırron, Josh                                  | ıua          |              |              |              |              |               |              |               |   |              |                 |
| Busine  | ss or Resid                                  | lence Addr   | ess (Numb    | er and Stree | et, City, St | ate, Zip Co  | de)           |              |               |   |              |                 |
|   | 01 W. Loi                                    | <del></del>  |              | 10, Troy, I  | MI 48098     |              |               |              |               |   |              |                 |
|   | of Associat<br>L Financia                    |              | or Dealer    |              |              |              |               |              |               |   |              |                 |
|   | in Which P                                   |              |              |              |              |              |               |              |               |   |              | _               |
| (Check "All States" or check individual States) |  |              |              |              |              |              |               |              |               |   | Ц А          | Ill States      |
| (AL)  | [AK]   | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]          | [DC]         | [FL]          | [GA]                                    | [HI]         | [ID]            |
| (IL)  | (MI)   | [IA]         | [KS]         | [KY]         | [LA]         | [ME]         | [MD]          | [MA]         | ( <u>MI</u> ) | [MN]                                    | [MS]         | [MO]            |
| [MT]<br>[RI]                                    | (NE)<br>[SC]                                 | [NV]<br>[SD] | [NH]<br>[TN] | [NJ]<br>[TX] | [NM]<br>[UT] | [NY]<br>[VT] | [NC]<br>[VA]  | [ND]<br>[WA] | (OH)<br>[WV]  | [OK]<br>[WI]                            | [OR]<br>[WY] | (PA)<br>[PR]    |
|   |  |              |              |              | [0.]         | [ • • ]      | ( )           | [            | []            |   | [,, -]       | []              |
|   | ıme (Last n<br>gtmeier, D                    |              |              | •            |              |              |               |              |               |   |              |                 |
| Busine  | ss or Resid                                  | ence Addre   | ss (Numbe    | er and Stree | -            | te, Zip Co   | de)           | <u></u>      | <u>-</u>      | <del></del>                             | <del></del>  | <del></del> · - |
|   | 5 South W                                    |              |              | . Louis, M   | 10 63017     |              |               |              |               |   |              | <del></del>     |
|   | of Associate<br>L Financial                  |              | or Dealer    |              |              |              |               |              |               |   |              |                 |
|   | n Which Pe                                   |              |              |              |              |              |               |              |               |   |              |                 |
| (Ch   | eck "All St                                  | ates" or ch  |              | •            |              |              |               |              |               | •••••                                   | 🔲 A          |                 |
| [AL]  | [AK]   | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]          | [DC]         | [FL]          | [GA]                                    | (HI)         | [ID]            |
| [IL]  | [IN]   | [IA]         | [KS]         | [KY]         | [LA]         | (ME)         | [MD]          | [MA]         | [MI]          | [MN]                                    | [MS]         | [ <u>MO</u> ]   |
| [MT]<br>[RI]                                    | [NE]<br>[SC]                                 | [NV]<br>[SD] | (NH)<br>(TN) | [NJ]<br>[TX] | [NM]<br>[UT] | [NY]<br>[VT] | [NC]<br>[VA]  | [ND]<br>[WA] | [OH]<br>[WV]  | [OK]<br>[WI]                            | [OR]<br>[WY] | [PA]<br>[PR]    |
|   |  |              |              |              | [01]         | [ 1 1 ]      | [ * * * * ]   | [,,,,,]      |               | [,,,                                    | ["1]         |                 |
|   | me (Last na<br>rman, Jeff                    |              | f individua  | l)<br>       |              |              |               |              |               |   |              |                 |
|   | s or Reside<br>Corporat                      |              | -            |              | •            | -            | de)           |              |               |   |              |                 |
|   | f Associate                                  |              | r Dealer     |              |              |              |               |              |               |   |              |                 |
| Wo  | odbury Fin                                   | ancial       |              |              |              |              |               |              |               |   |              |                 |
|   | n Which Pe<br>eck "All St                    |              |              |              |              |              |               | •••••        |               |   | 🔲 A          | ll States       |
| [AL]  | [AK]   | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]          | [DC]         | [FL]          | [GA]                                    | [HI]         | [ID]            |
| [IL]  | [IN]   | [IA]         | [KS]         | [KY]         | [LA]         | [ME]         | [MD]          | [MA]         | [MI]          | [MN]                                    | [MS]         | [MO]            |
| [MT]  | [NE]   | [NV]         | [NH]         | [NJ]         | [NM]         | [NY]         | [NC]          | [ND]         | [ОН]          | [OK]                                    | [OR]         | [PA]            |
| [RI]  | [SC]   | [SD]         | [TN]         | [TX]         | [UT]         | [VT]         | [VA]          | [WA]         | [WV]          | [WI]                                    | [WY]         | [PR]            |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

|                    |   |   |   | В   | . INFORM  | ATION AB                                    | OUT OFFE                               | RING   |  |   |              |              |
|--------------------|---|---|---|---|---|---|--|--|--|---|--------------|--------------|
|                    |   |   |   | <del></del>                               |   |   |  | <del></del>                                    |  |   | Yes          | No           |
| 1. Has             | the issuer                                  | sold, or do                               | es the issu                                 | er intend to                              | sell, to no   | n-accredite                                 | d investors                            | in this offe                                   | ering?                                     | ••••••                                  |              | $\boxtimes$  |
|                    |   |   |   | Answer als                                | o in Appen  | dix, Colun                                  | nn 2, if filin                         | ig under U                                     | LOE.                                       |   |              |              |
| 2. Wh              | at is the mi                                | nimum inv                                 | estment th                                  | at will be a                              | ccepted fro   | m any ind                                   | ividual?                               |  |  |   | <u> </u>     | 100,000*     |
| 1                  |   |   |   |   |   |   |  |  |  |   | Yes          | No           |
| 3. Doe             | s the offeri                                | ng permit                                 | joint owne                                  | rship of a s                              | ingle unit?   |   |  |  |  |   |              |              |
| com<br>offe<br>and | nmission or<br>ring. If a p<br>/or with a s | similar re<br>erson to be<br>tate or stat | muneration<br>e listed is a<br>es, list the | for solicit<br>n associate<br>name of the | n who has lation of pured person of broker or you may set | rchasers in<br>r agent of a<br>dealer. If t | connection<br>broker or<br>nore than f | with sales<br>dealer reginates<br>ive (5) pers | of securiti<br>stered with<br>sons to be l | the SEC<br>isted are                    |              |              |
|                    | ame (Last n<br>ela, Rudi V                  |   | if individua                                | al)                                       |   |   |  |  |  |   |              |              |
|                    |   |   | •   |   | et, City, St  |   | -                                      |  |  |   |              |              |
|                    | 305 Daws of Associat                        |   |   | te. E, For                                | t Wayne,  | IN 46825                                    |  | <del></del>                                    |  |   |              |              |
|                    | Equities                                    | ed Dioker                                 | or Dealer                                   |   |   |   |  |  |  |   |              |              |
| States i           | n Which P                                   |   |   |   | ends to Sol   |   |  | **********                                     |  |   | 🗆 A          | II States    |
| [AL]               | [AK]  | [AZ]                                      | [AR]  | [CA]                                      | [CO]  | [CT]  | [DE]                                   | [DC]   | [FL]                                       | [GA]                                    | [HI]         | [ID]         |
| [IL]               |   | [IA]                                      | [KS]  | [KY]                                      | [LA]  | [ME]  | [MD]                                   | [MA]   | [MI]                                       | [MN]                                    | [MS]         | [MO]         |
| [MT]               | [NE]  | [NV]                                      | [NH]  | [NJ]                                      | [NM]  | [NY]  | [NC]                                   | [ND]   | [OH]                                       | [OK]                                    | [OR]         | [PA]         |
| [RI]               | [SC]  | [SD]                                      | [TN]  | [TX]                                      | [UT]  | [VT]  | [VA]                                   | [WA]   | [WV]                                       | [WI]                                    | [WY]         | [PR]         |
|                    | me (Last n<br>nway, Pat                     |   | f individua                                 | ıl)                                       |   |   |  |  |  |   |              |              |
| Busines            | <del></del>                                 | ence Addre                                | -   |   | et, City, Sta   | te, Zip Co                                  | de)                                    |  |  | ······································  | 1            |              |
|                    | of Associate                                |   |   | ,   |   |   |  |  |  | · · · · · · · · · · · · · · · · · · ·   |              |              |
| lnv                | estacorp                                    |   |   |   |   |   |  |  |  |   |              |              |
|                    |   |   |   |   | ends to Sol   |   |  | ************                                   |  | *************************************** | 🔲 A          | ll States    |
| [AL]               | [AK]  | [AZ]                                      | [AR]  | [CA]                                      | [CO]  | [CT]  | [DE]                                   | [DC]   | [FL]                                       | [GA]                                    | [HI]         | [ID]         |
| [IL]               | (IN)  | [IA]                                      | [KS]  | [KY]                                      | [LA]  | [ME]  | [MD]                                   | [MA]   | [MI]                                       | [MN]                                    | [MS]         | [MO]         |
| [MT]<br>[RI]       | [NE]<br>[SC]                                | [NV]<br>[SD]                              | [NH]<br>[TN]                                | [NJ]<br>[TX]                              | [NM]<br>[UT]  | [NY]<br>[VT]                                | [NC]<br>[VA]                           | [ND]<br>[WA]                                   | [OH]<br>[WV]                               | [OK]<br>[WI]                            | [OR]<br>[WY] | [PA]<br>[PR] |
| Full Na            | me (Last narvonia, R                        | ame first, i                              |   |   | [4-1]   |   |  | []   |  |   |              |              |
|                    |   |   | ss (Numbe                                   | r and Stree                               | t, City, Sta  | te, Zip Co                                  | de)                                    |  | <del></del>                                |   |              |              |
|                    | N. First                                    |   | •   |   | ~   |   |  |  |  |   |              |              |
|                    | of Associate                                |   | or Dealer                                   |   |   |   |  |  |  |   |              |              |
| States in          | n Which Pe                                  | rson Liste                                |   |   | ends to Sol   |   |  |  |  | ********                                | 🗆 A          | ll States    |
| [AL]               | [AK]  | [AZ]                                      | [AR]  | [CA]                                      | [CO]  | [CT]  | [DE]                                   | [DC]   | [FL]                                       | [GA]                                    | (HI)         | [ID]         |
| [IL]               | [IN]  | [IA]                                      | [KS]  | [KY]                                      | [LA]  | [ME]  | [MD]                                   | [MA]   | [MI]                                       | [MN]                                    | [MS]         | [MO]         |
| [MT]               | [NE]  | [NV]                                      | [NH]  | [ru]                                      | [MM]  | [NY]  | [NC]                                   | [ND]   | [он]                                       | [OK]                                    | [OR]         | [PA]         |
| [RI]               | [SC]  | [SD]                                      | [TN]  | [TX]                                      | [UT]  | [VT]  | [VA]                                   | [WA]   | [WV]                                       | [WI]                                    | [WY]         | [PR]         |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

|   | <del>.</del>               |                 |   |                             | INFORM                     | ATION AR                    | OUT OFF                 | DING                      |                            |                 |             | <del></del> |
|---|----------------------------|-----------------|---|-----------------------------|----------------------------|-----------------------------|-------------------------|---------------------------|----------------------------|-----------------|-------------|-------------|
|   |                            | <u>-</u> -      | <del></del>   | В.                          | INFORM                     | ATION AB                    | OUT OFFE                | RING                      | <del></del>                | ···             |             |             |
|   |                            |                 |   |                             |                            |                             |                         |                           |                            |                 | Yes         | No          |
| 1. Has  | the issuer                 | sold, or do     | es the issue  | er intend to                | sell, to no                | n-accredite                 | d investors             | in this offe              | ering?                     |                 | 🔲           | $\boxtimes$ |
|   |                            |                 | 1   | Answer also                 | o in Appen                 | dix, Colun                  | ın 2, if filir          | ig under U                | LOE.                       |                 |             |             |
| 2 W/h   | at ic the mi               | nimum ins       | estment the   | at will be a                | ccented fro                | ım anv indi                 | ividual?                |                           |                            | •••••           | c           | 100,000*    |
| 2. WII  | at is the int              | illiituili iliv | Council un  | at will be a                | ccepted ne                 | nii aily illu               | iviuuai:                |                           |                            |                 | ·· <u>3</u> | 100,000     |
|   |                            |                 |   | 1                           |                            |                             |                         |                           |                            |                 | Yes         | No          |
| 3. Doe  | s the offeri               | ng permit       | joint owner   | rship of a s                | ingle unit?                |                             | ••••••                  |                           |                            | •••••           | 🛛           |             |
| com<br>offe                                     | mission or<br>ring. If a p | similar res     | uested for omuneration e listed is a es, list the i | for solicita<br>n associate | ation of pur<br>d person o | rchasers in<br>r agent of a | connection<br>broker or | with sales<br>dealer regi | of securiti<br>stered with | the SEC         |             |             |
|   |                            |                 | h a broker (  |                             |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | if individua  |                             |                            |                             |                         |                           |                            | <u> </u>        |             |             |
|   | sen, Merid                 |                 |   | ··· <i>)</i>                |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | ess (Numbe  | r and Stree                 | et, City, Sta              | ite, Zip Co                 | de)                     |                           |                            |                 |             |             |
|   |                            |                 | orth, Wesp  |                             | -                          | · ·                         | •                       |                           |                            |                 |             |             |
|   | of Associate               |                 | or Dealer   |                             |                            |                             |                         |                           |                            |                 | ·           |             |
|   |                            |                 | d Has Solid   | sited or Int                | ends to Sol                | icit Durchs                 | Carc                    |                           |                            |                 |             |             |
|   |                            |                 |   |                             |                            |                             |                         |                           |                            |                 | 🗆 A         | ll States   |
| (Check "All States" or check individual States) |                            |                 |   |                             |                            |                             |                         |                           |                            |                 | [HI]        | [ID]        |
| [IL]  | [IN]                       | [IA]            | [KS]  | [KY]                        | [LA]                       | [ME]                        | [MD]                    | [MA]                      | [MI]                       | [MN]            | [MS]        | [MO]        |
| [MT]  | [NE]                       | [NV]            | [NH]  | [r <sub>N</sub> ]           | [MM]                       | NY                          | [NC]                    | [ND]                      | [OH]                       | [OK]            | [OR]        | [PA]        |
| [RI]  | [SC]                       | (SD)            | [TN]  | [TX]                        | [ບາງ                       | [VT]                        | [VA]                    | [WA]                      | [WV]                       | [WI]            | [WY]        | [PR]        |
| Full No   | me (Last n                 | ama first i     | f individua   | I)                          |                            |                             |                         |                           | -                          |                 |             | <del></del> |
|   | rshall-Pen                 |                 | i illulvidua  | 1)                          |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | ss (Numbe   | r and Stree                 | t, City, Sta               | te, Zip Co                  | de)                     | •                         | -                          |                 |             |             |
|   |                            |                 | 00, Newp  |                             |                            |                             | ,                       |                           |                            |                 |             |             |
| Name o  | f Associate                | d Broker o      | or Dealer   |                             |                            | _                           |                         |                           |                            |                 |             |             |
| LPI   | L Financial                | Services        |   |                             |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | d Has Solic   |                             |                            |                             |                         |                           |                            |                 |             |             |
| (Ch   | eck "All Sta               | ates" or ch     | eck individ   | ual States)                 |                            | •••••                       |                         | •••••                     |                            | *************** | 🔲 A         | ll States   |
| [AL]  | [AK]                       | [AZ]            | [AR]  | [CA]                        | [CO]                       | [CT]                        | [DE]                    | [DC]                      | [FL]                       | [GA]            | [HI]        | [ID]        |
| [IL]  | [IN]                       | [IA]            | [KS]  | [KY]                        | [LA]                       | [ME]                        | [MD]                    | [MA]                      | [MI]                       | [MN]            | [MS]        | [MO]        |
| [MT]  | [NE]                       | [NV]            | [NH]  | [NJ]                        | [NM]                       | [NY]                        | [NC]                    | [ND]                      | [OH]                       | [OK]            | [OR]        | [PA]        |
| [RI]  | [SC]                       | [SD]            | [TN]  | [TX]                        | [UT]                       | [VT]                        | [VA]                    | [WA]                      | [WV]                       | [WI]            | [WY]        | [PR]        |
|   | me (Last na<br>vane, Mar   |                 | f individua   | )                           |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | ss (Number  | r and Stree                 | t City Sta                 | te 7in Ca                   | le)                     |                           |                            |                 |             |             |
|   |                            |                 | opeka, K  |                             |                            |                             |                         |                           |                            |                 |             |             |
| Name o  | f Associate                | d Broker o      | or Dealer   |                             |                            |                             |                         |                           |                            |                 |             |             |
| Inve  | estment Pla                | nners, Inc.     |   |                             |                            |                             |                         |                           |                            |                 |             |             |
|   |                            |                 | d Has Solic<br>eck individ                          |                             |                            |                             |                         |                           |                            |                 | 🔲 A         | ll States   |
| [AL]  | [AK]                       | [AZ]            | [AR]  | [CA]                        | [CO]                       | [CT]                        | [DE]                    | [DC]                      | [FL]                       | [GA]            | [HI]        | [ID]        |
| [IL]  | [IN]                       | [IA]            | [KS]  | [KY]                        | [LA]                       | [ME]                        | [DD]                    | [MA]                      | [MI]                       | [MN]            | [MS]        | [MO]        |
| [MT]  | [NE]                       | [NV]            | [NH]  | [IN]                        | [MM]                       | [NY]                        | [NC]                    | [ND]                      | [OH]                       | [OK]            | [OR]        | [PA]        |
| [RI]  | [SC]                       | [SD]            | [TN]  | [TX]                        | [UT]                       | [VT]                        | [VA]                    | [WA]                      | [wv]                       | (WI)            | [WY]        | [PR]        |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

|               |                             |              |                          |                             |              |                           |                            | <del> </del>               |                           |   |              |              |
|---------------|-----------------------------|--------------|--------------------------|-----------------------------|--------------|---------------------------|----------------------------|----------------------------|---------------------------|---|--------------|--------------|
|               |                             |              |                          | В                           | . INFORM     | ATION AB                  | OUT OFFE                   | RING                       |                           |   |              |              |
|               |                             |              |                          |                             |              |                           |                            |                            |                           |   | Yes          | No           |
| 1. Has        | the issuer                  | sold, or do  | es the issue             | er intend to                | sell, to no  | n-accredite               | d investors                | in this offe               | ering?                    |   | 🔲            | $\boxtimes$  |
|               |                             |              |                          |                             |              |                           |                            | ig under Ul                |                           |   |              |              |
|               |                             |              |                          |                             |              |                           |                            | _                          |                           |   |              |              |
| 2. Wh         | at is the mi                | nimum inv    | estment th               | at will be a                | ccepted fro  | om any ind                | ividual?                   |                            |                           | *************************************** | ·· <u>\$</u> | 100,000*     |
| 1             |                             |              |                          |                             |              |                           |                            |                            |                           |   | Yes          | No           |
| 3. Doe        | s the offer                 | ing permit   | joint owner              | rship of a s                | ingle unit?  | **********                |                            | •••••                      |                           |   |              |              |
|               |                             |              |                          |                             |              |                           |                            |                            |                           |   |              |              |
| 4. Ent        | er the intor<br>imission or | mation req   | uested for muneration    | eacn person<br>for solicita | n who has i  | oeen or wu<br>rchasers in | i de paid of<br>connection | r given, dir<br>with sales | ecuy or mo<br>of securiti | irectly, any                            |              |              |
|               |                             |              | e listed is a            |                             |              |                           |                            |                            |                           |   |              |              |
|               |                             |              | es, list the             |                             |              |                           |                            |                            |                           |   |              |              |
| asso          | ciated pers                 | sons of suc  | h a broker               | or dealer, y                | ou may se    | forth the i               | ntormation                 | for that br                | oker or dea               | iler only.                              |              |              |
|               | •                           |              | if individua             | ıl)                         |              |                           |                            |                            |                           |   |              |              |
| $\overline{}$ | vis, Mich                   |              |                          |                             |              |                           |                            |                            |                           | <del></del>                             |              |              |
|               |                             |              | ess (Numbe               |                             | •            | -                         | de)                        |                            |                           |   |              |              |
|               |                             |              | lvd., Ste. 3             | 326, Saras                  | ota, FL 3    | 1236                      |                            | ···                        |                           |   |              |              |
|               | of Associat                 |              |                          |                             |              |                           |                            |                            |                           |   |              |              |
|               | rling Enter                 |              |                          |                             | <del></del>  |                           |                            |                            |                           |   |              |              |
|               |                             |              | xd Has Solid             |                             |              |                           |                            |                            |                           |   | П а          | II States    |
| •             |                             |              |                          | ,                           |              |                           |                            |                            |                           |   | _            |              |
| [AL]          | [AK]                        | [AZ]         | [AR]                     | [CA]                        | [CO]         | [CT]                      | (DE)                       | [DC]                       | (FL)                      | [GA]                                    | (HI)         | [ID]         |
| [IL]          | (IN)                        | [IA]<br>[NV] | [KS]<br>[NH]             | [KY]<br>[NJ]                | [LA]<br>[NM] | [ME]<br>[NY]              | [MD]<br>[NC]               | [MA]<br>[ND]               | [MI]<br>[ <del>OH</del> ] | [MN]<br>[OK]                            | (MS]<br>[OR] | [MO]<br>[PA] |
| [MT]<br>[RI]  | (NE)<br>[SC]                | [SD]         | [NH]<br>[TN]             | [TX]                        | [UT]         | [VT]                      | [VA]                       | [WA]                       | [WV]                      | [WI]                                    | [WY]         | [PR]         |
|               |                             |              |                          |                             | [0.]         |                           | []                         | []                         |                           |   |              |              |
|               | -                           |              | if individua             | 1)                          |              |                           |                            |                            |                           |   |              |              |
|               | gfried, Ja                  |              | 01 1                     | 1.0.                        | . 0: 0:      | 7. C                      | 1.3                        |                            |                           | <del></del>                             |              |              |
|               |                             |              | ess (Numbe<br>d. #240, L |                             | _            | _                         | de)                        |                            |                           |   |              |              |
|               | of Associate                |              |                          | ake Oswe                    | go, OK 3     | 7033                      | <del></del>                | ·                          |                           |   |              |              |
|               | n Associati<br>L Financial  |              | oi Dealei                |                             |              |                           |                            |                            |                           |   |              |              |
|               |                             |              | d Has Solid              | sited or Inte               | ande to Sal  | icit Durcha               |                            |                            |                           |   | •            |              |
| Ch            | eck "All St                 | ates" or ch  | eck individ              | lual States)                |              |                           |                            |                            |                           |   | 🗆 A          | ll States    |
| •             | [AK]                        | [AZ]         | [AR]                     | [CA]                        | [CO]         | [CT]                      | [DE]                       | [DC]                       | [FL]                      | [GA]                                    | [HI]         | [ID]         |
| [AL]<br>[IL]  | [IN]                        | [AZ]         | [KS]                     | [KY]                        | [LA]         | [ME]                      | [MD]                       | [MA]                       | [MI]                      | [MN]                                    | [MS]         | [MO]         |
| [MT]          | [NE]                        | [NV]         | [NH]                     | [tN]                        | [NM]         | [NY]                      | [NC]                       | [ND]                       | [OH]                      | [OK]                                    | (OR)         | [PA]         |
| [RI]          | [SC]                        | [SD]         | [TN]                     | [TX]                        | [UT]         | [VT]                      | [VA]                       | [WA]                       | [wv]                      | [WI]                                    | [WY]         | [PR]         |
|               |                             |              |                          |                             |              |                           |                            |                            |                           |   |              |              |
| Full Na       | me (Last n                  | ame first, i | f individua              | 1)                          |              |                           |                            |                            |                           |   |              |              |
| - Dusing      | n on Docide                 | maa Addee    | ss (Numbe                | r and Stree                 | t City Sta   | te Zin Co                 |                            | <del></del>                |                           |   |              |              |
| Dusines       | ss or Kesidi                | ence Addre   | 22 (Mullipe              | i and succ                  | a, City, Sta | ite, zip Co               | ue)                        |                            |                           |   |              |              |
| Name          | of Associate                | ed Broker    | or Dealer                |                             |              |                           | <u> </u>                   |                            |                           | <del></del>                             |              |              |
| ivalile C     | n Associati                 | d Diokei (   | n Dealei                 |                             |              |                           |                            |                            |                           |   |              |              |
| States :      | n Which Pe                  | erson Liete  | d Has Solic              | ited or Inte                | ends to Sol  | icit Purcha               | sers                       | <del></del>                |                           |   |              |              |
|               |                             |              |                          |                             |              |                           |                            |                            |                           |   | 🔲 А          | ll States    |
| (AL)          | [AK]                        | [AZ]         | [AR]                     | [CA]                        | [CO]         | [CT]                      | [DE]                       | [DC]                       | [FL]                      | [GA]                                    | [HI]         | [ID]         |
| [IL]          | [IN]                        | [IA]         | [KS]                     | [KY]                        | [LA]         | [ME]                      | [MD]                       | [MA]                       | [MI]                      | [MN]                                    | [MS]         | [MO]         |
| [MT]          | [NE]                        | [NV]         | [NH]                     | [ru]                        | [NM]         | [NY]                      | [NC]                       | [ND]                       | [OH]                      | [OK]                                    | [OR]         | [PA]         |
| [RI]          | [SC]                        | [SD]         | [TN]                     | [TX]                        | [ບT]         | [VT]                      | [VA]                       | [WA]                       | [wv]                      | [wi]                                    | [WY]         | [PR]         |

<sup>\*</sup> A smaller amount may be accepted by the company, in its sole discretion.

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged Aggregate Amount Already Offering Price Sold Type of Security Debt \_\_\_\_\_ -0-Equity ..... -0-☐ Common ☐ Preferred Partnership Interests......\$ -0-\$ -0-Other (Specify <u>Undivided fractional interests in real estate</u>) \$ 5,515,000 \$ 5,515,000 \$ 5,515,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors 21 \$ 5,515,000 Accredited Investors Non-accredited Investors ---Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 ..... \$ Regulation A..... Rule 504 ..... Total ..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. -0- $\boxtimes$ Transfer Agent's Fees Printing and Engraving Costs.... S -0- $\boxtimes$ \$ 65,000 $\boxtimes$ Legal Fees -0-Accounting Fees $\boxtimes$ $\times$ -0-Engineering Fees $\boxtimes$ \$ 330,900 Sales Commission (specify finders' fees separately) \$ -0-Other Expenses (identify)..... $\boxtimes$ 395,900 Total .....

|       | C. OFFERING  | PRICE, NUMBER OF INVESTORS, EXPENSES AND  | USE OF   | PROCEEDS  |            |                         |
|-------|--|---|----------|---|------------|-------------------------|
| Ъ.    | and total expenses furnished in resp   | gregate offering price given in response to Part C – conse to Part C – Question 4.a. This difference is the   | "adjuste | :d  | <u>s</u>   | 5,119,100               |
|       | each of the purposes shown. If the check the box to the left of the estimate | djusted proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estinate. The total of the payments listed must equal the h in response to Part C – Question 4.b above. | mate and | ì   |            |                         |
|       |  |   |          | Payments to<br>Officers,<br>Directors<br>& Affiliates |            | Payment<br>To<br>Others |
|       | Salaries and fees  |   | 🗆        | \$  |            | <u>s</u>                |
|       | Purchase of real estate  |   | 🗆        | \$  | ⊠          | \$ 4,981,716            |
|       | Purchase, rental or leasing and  | installation of machinery and equipment   | 🗆        | \$  |            | \$                      |
|       |  | t buildings and facilities  |          |   |            | s                       |
|       | offering that may be used in ex pursuant to a merger)                        | (including the value of securities involved in this change for the assets or securities of another issuer   |          |   |            | <u>s</u>                |
|       |  |   |          | •   |            | \$                      |
|       |  |   |          |   |            | \$                      |
|       | Other (specify): Acquisition F   | ee, O&O Expenses, Closing Costs   | 🔯        | \$ 107,384  | _ <b>\</b> | \$ 30,000               |
|       |  |   | <br>🛛    | \$ 107,384  | ⊠          | s                       |
|       | Total Payments Listed (column  | totals added)   |          | <b>⊠</b> <u>\$</u>                                    | 5,119,     | 100                     |
|       |  | D. FEDERAL SIGNATURE  |          |   |            |                         |
| follo | wing signature constitutes an under  | be signed by the undersigned duly authorized person<br>taking by the issuer to furnish to the U.S. Securities a<br>shed by the issuer to any non-accredited investor pur                                      | and Excl | ange Commissi   | on, up     | on written              |
| issue | π (Print or Type)  | Signature 1   |          | Date  |            |                         |
| Deer  | Park 1031 DST  | Patricia a. Colhosso  | -        | 8/22/   | 80         |                         |
| Vam   | e of Signer (Print or Type)  | Title of Signer (Print or Type)   |          |   |            |                         |
| Datri | cia A. DelRosso  | President, Inland Real Estate Exchange Corpo  |          |   | of De      | er Park                 |

# -ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE  |             |         |
|---|-------------|---------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?        | Yes         | No<br>⊠ |
| See Appendix, Column 5, for state response.   |             |         |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is to | iled, a not | ice on  |

- Form D (17 CFR 239.500) at such times as required by state law.

  3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature  |
|------------------------|--|
| Deer Park 1031 DST     | Patlicia a. bellasso 8/22/08   |
| Name (Print or Type)   | Title (Print or Type)  |
| Patricia A. DelRosso   | President, Inland Real Estate Exchange Corporation, the sole member of Deer Park Exchange, L.L.C., the manager to Deer Park 1031 DST |

#### Instruction:

issuer to offerees.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

| 1     | Intended to non-a | d to sell<br>accredited<br>as in State<br>1-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                |  |         |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
|-------|-------------------|---|--|--|----------------|--|---------|-----|--|--|
| State | Yes               | No  |  | Number of<br>Accredited<br>Investors                           | Amount         | Number of<br>Non-Accredited<br>Investors | Amount  | Yes | No   |  |
| AL    |                   |   |  | Investors  | ranount        | III CSCO13                               | ranount |     |  |  |
| AK    |                   |   |  |  |                |  |         |     |  |  |
| AZ    |                   |   |  |  |                |  |         |     |  |  |
| AR    |                   |   |  |  |                |  |         |     |  |  |
| CA    |                   | Ø   | Beneficial interests in statutory trust— \$5,515,000                           | 9  | \$2,484,098.31 | -0-                                      | -0-     |     | ⊠  |  |
| со    |                   | Ø   | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000                  | 1  | \$500,000      | -0-                                      | -0-     |     | ×  |  |
| СТ    |                   |   |  |  |                |  |         |     |  |  |
| DE    |                   |   |  |  |                |  |         |     |  |  |
| DC    |                   |   |  |  |                |  |         |     |  |  |
| FL    |                   |   |  |  | ·              |  |         |     |  |  |
| GA    |                   |   |  |  |                |  |         |     |  |  |
| HI    |                   |   |  |  |                |  |         |     |  |  |
| ID    |                   |   |  |  |                |  |         |     |  |  |
| IL    |                   | ⊠   | Beneficial interests in statutory trust—\$5,515,000                            | 2  | \$275,000      | -0-                                      | -0-     |     | ⊠  |  |
| IN    |                   | Ø   | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000                  | 1  | \$100,000      | -0-                                      | -0-     |     | ⊠  |  |
| IA    |                   |   |  |  |                |  |         |     |  |  |
| KS    |                   |   |  |  |                |  |         |     |  |  |
| KY    |                   |   |  |  |                | _  |         |     |  |  |
| LA    |                   |   |  |  |                |  |         |     |  |  |
| ME    |                   |   |  |  |                |  |         |     |  |  |
| MD    |                   |   |  |  |                |  |         |     |  |  |
| MA    |                   |   |  |  |                |  |         |     |  |  |
| MI    |                   | Ø   | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000                  | 1  | \$300,000      | -0-                                      | -0-     |     | ☒  |  |
| MN    |                   |   |  |  |                |  |         |     |  |  |
| MS    | п                 | П   |  | 1  | 1              |  |         | П   |  |  |

## APPENDIX

|       | 2 3   |    | 4   |  |              |  |        | 5   |  |  |
|-------|---|----|---|--|--------------|--|--------|-----|--|--|
| 1     | Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1) |    |   | Type of investor and amount purchased in State (Part C-Item 2) |              |  |        |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes   | No |   | Number of<br>Accredited<br>Investors                           | Amount       | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |  |
| МО    |   | ×  | Beneficial interests in statutory trust—\$5,515,000           | 1  | \$491,862.92 | -0-                                      | -0-    |     | ×  |  |
| МТ    |   |    |   |  | _            |  |        |     |  |  |
| NE    |   |    |   |  |              |  |        |     |  |  |
| NV    |   |    |   |  |              |  | •      |     |  |  |
| NH    |   |    |   |  | -            |  |        |     |  |  |
| נא    |   | Ø  | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000 | 1  | \$152,580.82 | -0-                                      | -0-    |     | ⊠  |  |
| NM    |   |    |   |  |              |  | ·——    |     |  |  |
| NY    |   | ⊠  | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000 | 1  | \$80,000     | -0-                                      | -0-    |     | ☒  |  |
| NC    |   |    |   |  |              |  |        |     |  |  |
| ND    |   |    |   |  |              |  |        |     |  |  |
| ОН    |   | ⊠  | Beneficial interests in statutory trust—\$5,515,000           | 1  | \$264,000    | -0-                                      | -0-    |     | ⋈  |  |
| ок    |   |    |   |  |              |  |        |     |  |  |
| OR    |   | ⊠  | Beneficial interests in statutory trust— \$5,515,000          | 1  | \$631,350.95 | -0-                                      | -0-    |     | ⊠  |  |
| PA    |   | Ø  | Beneficial<br>interests in<br>statutory trust—<br>\$5,515,000 | 1  | \$208,532    | -0-                                      | -0-    |     | ⊠  |  |
| RI    |   |    |   |  |              |  |        |     |  |  |
| sc    |   |    |   |  |              |  |        |     |  |  |
| SD    |   |    |   |  |              |  |        |     |  |  |
| TN    |   |    |   |  |              |  |        |     |  |  |
| TX    |   |    | 10.00 1 10.00   |  |              |  |        |     |  |  |
| UT    |   |    |   |  |              |  |        |     |  |  |
| VT    |   |    |   |  |              |  |        |     |  |  |
| VA    |   |    |   |  |              |  |        |     |  |  |
| WA    |   |    |   |  |              |  |        |     |  |  |

## APPENDIX

| 1     | 2 3                                   |           |                  |                           | 5      |                |        |                 |                       |  |
|-------|---------------------------------------|-----------|------------------|---------------------------|--------|----------------|--------|-----------------|-----------------------|--|
|       |                                       |           |                  |                           |        |                |        |                 | ification<br>ate ULOE |  |
|       |                                       |           | Type of security | i                         |        |                |        |                 |                       |  |
|       | Intend                                | to sell   | and aggregate    |                           |        |                |        |                 | (if yes, attach       |  |
| 1     |                                       | ccredited | offering price   | Type of investor and      |        |                |        |                 | explanation of        |  |
|       | , investors in State offered in state |           |                  | amount purchased in State |        |                |        |                 | waiver granted)       |  |
|       | (Part B-Item 1) (Part C-Item 1)       |           |                  | (Part C-Item 2)           |        |                |        | (Part E-Item 1) |                       |  |
|       |                                       |           |                  | Number of                 |        | Number of      |        |                 |                       |  |
|       |                                       |           |                  | Accredited                |        | Non-Accredited |        |                 |                       |  |
| State | Yes                                   | No        |                  | Investors                 | Amount | Investors      | Amount | Yes             | No                    |  |
| wv    |                                       |           |                  |                           |        |                |        |                 |                       |  |
| WI    |                                       |           |                  |                           |        |                | _      |                 |                       |  |
| WY    |                                       |           |                  |                           |        |                |        |                 |                       |  |

